

# Best Available Copy

(Additional cross references)

| POSITION            | INITIALS  | ID NO.       | DATE            |
|---------------------|-----------|--------------|-----------------|
| FEE DETERMINATION   | <i>PM</i> | <i>62614</i> | <i>11/18/55</i> |
| O.I.P.E. CLASSIFIER |           | <i>43</i>    | <i>11/10/59</i> |
| FORMALITY REVIEW    | <i>JW</i> | <i>18741</i> | <i>11-27-59</i> |

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

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If more than 150 claims or 10 actions  
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| Final | Original |      |  |
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**If more than 150 claims or 10 actions**